

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS | ID NO. | DATE             |
|---------------------------|----------|--------|------------------|
| FEE DETERMINATION         |          |        |                  |
| O.I.P.E. CLASSIFIER       |          |        |                  |
| FORMALITY REVIEW          | AS       | 943    | 2-5-01<br>3-29-1 |
| RESPONSE FORMALITY REVIEW |          |        |                  |

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 (Through numeral) ... Canceled      A ..... Appeal  
 - ..... Restricted      O ..... Objected

| Claim    | Date     |
|----------|----------|
| Final    |          |
| Original |          |
| 1        | 4/11/7   |
| 2        | 15/11/7  |
| 3        | 02/12/03 |
| 4        | ✓        |
| 5        | ✓        |
| 6        | ✓        |
| 7        | ✓        |
| 8        | ✓        |
| 9        | ✓        |
| 10       | ✓        |
| 11       | ✓        |
| 12       | ✓        |
| 13       | ✓        |
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| Claim    | Date |
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| Claim    | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here